

EDITORIAL



Transgender Black, Indigenous, and People of Color: Intersections of Oppression

We began discussing the need for this special issue in the Fall of 2018. Transgender people living in the U.S. were two years into the Trump Era which was proving to be dedicated to eliminating the humanity and legitimacy of transgender people as the Trump Administration repealed more and more protections for the U.S. transgender community (Gonzalez et al., 2018, 2022). We were confronted with the reality that any action against the transgender community as a whole disproportionately affected transgender Black, Indigenous, and People of Color (BIPOC) who we knew also held other identities facing oppression, such as lesbian, gay, bisexual, and queer folx; people with disabilities; immigrants and undocumented folx; elders, and more. The need to amplify and uplift the most subaltern voices was paramount, and we knew that transgender BIPOC in the U.S. were not the only voices that needed to be raised. Therefore, in 2019, we put together a call for papers for the special issue, and began receiving the submissions found in this volume.

That it has taken three years to bring this special issue to publication is not lost on us. Our vision for the special issue was to showcase a diverse representation across authors and across a range of topics affecting our international transgender BIPOC communities. To achieve this vision, we allowed extra time for authors to ask questions, revise manuscripts, and balance other priorities in their lives. We were clear that the humanization of transgender BIPOC would not only be contained within the final product, but also needed to be honored throughout our process. We found that we also needed that space for ourselves as we both faced sudden, life-altering events in our lives during the 2019 calendar year. Nothing, however, could have prepared us for 2020. We were, once again, faced with sudden, life-altering challenges that were broadcasted on a global scale. COVID-19 changed life as we knew it and we are still grappling with the worldwide pandemic whose end no one knows. We know that now, more than ever, that this is of the utmost importance as the global pandemic has disproportionately affected our (already under-resourced) trans communities (Hawke et al., 2021; Perez-Brumer & Silva-Santisteban, 2020).

Our special double issue is comprised of sixteen articles, representing authors from six countries (Australia, Canada, India, Japan, Spain, US), and seventeen disciplines (Counseling, Education, Family Studies, Gender, Sexuality and Women's Studies, Global Public Health, Health Policy, Higher Education, Human Services, Population Behavioral Health, Neuroscience and Human Behavior, Psychology, Public Health, Nursing, Social Work, Sociology, Teacher Education and Leadership, Translational Health). The authors utilize a range of methodological approaches to explore the experiences of trans BIPOC including arts-based methods, autoethnography, case studies, community-based participatory research, focus groups, narrative interviews, photovoice, semi-structured interviews, and survey methodology. We introduce the articles below as they have been organized into four different sections: (1) *Immigration and Migration*; (2) *Intersecting Dimensions of Oppression*; (3) *Health Disparities and Minority Stress*; and (4) *Perspectives on Healing*.

Immigration and migration

An understanding of trans BIPOC experience is first gleaned by considering the scholarship presented in the *Immigration and Migration* section. Gailits et al. (2002) consider the impact of migration on the health and wellbeing of Latin American trans women living in Canada. Using an art-based focus group approach, their findings illustrate the intersectional way that participants' multiple identities as immigrants, Trans women, and Latinas impact their fight for inclusion across geographic, economic, and sociopolitical borders. Okada (2022) considers gender performance and migration among Filipino transgender women entertainers in Japan. Based on interviews conducted in Manila, Cebu, and Japan these findings highlight the negotiation of gender identity before, during, and after migration leading to – at times – both gender affirmation and intersectional invisibility. Minero et al. (2022) consider Latinx trans immigrants' survival of torture in U.S. detention. Using a semi-structured interview process they document the mental health consequences of detention including trauma, anxiety and

depression, and suicide ideation. Participants also discussed the desire to self-deport. The resource needs of immigrant Latinx trans community members living in the US, were considered by Gonzalez et al. (2022) using a semi-structured interview method. Resource needs centered healthcare, public education, financial aid, homelessness resources, and addictions care. The need for interventions to better support immigrant Latinx trans folx was highlighted. The four articles in this section speak to the intersectional experiences of trans immigrants. Together they also reinforce the larger immigration narrative where migration, immigration, and (self)deportation are understood as safety strategies.

Intersecting dimensions of oppression

The four articles in this section reveal the nuanced way the experiences of trans BIPOC are structured by the interlocking systems of oppression inclusive of racism, transphobia, heterosexism, sexism, and classism. Based on in-depth interviews and photovoice, Ussher et al. (2022) explore themes of gender transition and gender affirmation among trans women of color in Australia. de Vries and Sojka (2022) investigate shifts in racial identity among multiracial/ethnic trans people during gender transition, revealing the ways racialized gender is based in power relations tied to gender, race, and nationality. Shelton and Lester (2022) center the mental health experiences of Aryah, a Black trans woman. Based on ten qualitative interviews conducted across several months, the authors develop a collaborative narrative that highlights the intersectional nature of Aryah's experiences. Erby and White (2022) detail the way that they use their positionalities as therapists (Black Queer cis-woman and White Queer transman, respectively) to work with trans clients of color. Using a case vignette, the authors explore how power and privilege shape the counseling relationship. Taken together, the articles in this section interrogate the experiences of trans BIPOC using an intersectional lens (Crenshaw, 1991).

Health disparities and minority stress

The four articles in this section acknowledge the existing health disparities for trans BIPOC and, at the same time, explore the minority stressors and structural stigma that create a context for these disparities (Hendricks & Testa, 2012). Millar and Brooks (2022), consider multiple minority statuses of trans BIPOC. Their findings suggest that there are some racial/ethnic differences in psychological distress and underscore the heterogeneity of BIPOC. Arvind et al. (2022) found that social strain (but not gender dysphoria) was related to psychological distress among trans women and Hijra in India. While all participants reported sociocultural stressors, Hijra reported additional stressors related to their cultural

traditions. In studying the healthcare experiences of trans women of color in the U.S., Smart et al. (2022) identified three domains. These included social determinants of health (e.g., family rejection, policy barriers), healthcare experiences (e.g., name and gender misidentification, sexual risk assumptions), and health-related priorities (e.g., inclusive gender-affirming care, comprehensive resources). Abreu et al. (2022) similarly considered Latina trans women's experiences in seeking out and accessing healthcare. Based on dialogues from focus groups, they described their experiences and used them to frame recommendations for healthcare providers. The four articles in this section provide important context for understanding the health disparities for trans BIPOC, by acknowledging their unique gender minority stressors.

Perspectives on healing

It is fitting that the special issue ends on scholarship that makes perspectives of healing central.

Acknowledging the pervasive barriers and trauma of trans and gender diverse people of color in Australia, Taube and Mussap (2022) considered how thriving under adversity may operate as a form of resilience. When compared to others who have been exposed to a traumatic event, trans individuals showed greater growth from adversity. In addition, trans BIPOC individuals (vs trans white individuals) reported greater scores in personal strength and relating to others. Hwang et al. (2022) describe two support group that exhibited strong alternative kinship structures (one comprised of immigrant trans Latinas, and the other trans women of African descent living with HIV). Both groups exemplified both "thick trust" (bonding capital) and "thin trust" (bridging/linking capital). Using a trans-centric delivery of *Seeking Safety*, Takahashi et al. (2022) explored the intervention implementation process and also demonstrated positive outcomes including depression, anxiety, and reported alcohol use. And finally, Suarez (2022) presents an autoethnographical case study detailing his experience coming out in the workplace as a trans teacher in Texas. Using a multicultural, intersectional model analyzing Suarez's own social media posts the narrative presents as a powerful example of racial healing.

We believe that the dynamic work in this special issue frames a compelling narrative around the experiences of trans BIPOC – one that moves from *Immigration and Migration, Intersecting Dimensions of Oppression, Health Disparities and Minority Stress* to *Perspectives on Healing*. Their work reveals trans BIPOC experience as one where immigration/migration/self-deportation is often seen as a safety strategy, where multiple identities are negotiated within larger systems of power, where health disparities are created by unique gender minority stressors, and where intersectional approaches are needed to cultivate real healing and growth. We are grateful to the authors

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